Document Links:

HBPC Instrument

COHORT

69 - Home Based Primary Care

REVSTAT

REVIEW STATUS (not abstracted)

- 0. Abstraction has not begun
- 1. Abstraction in progress
- 2. Abstraction completed w/o errors
- 3. TVG failure (exclusion)
- 4. Record contains missing data
- 5. Administrative exclusion from all measures

HOSPICE

During the past year, is there documentation in the medical record the patient is enrolled in a VHA or community-based hospice program?

- 1. Yes
- 2. No

DEMENTDX2

During the past year, does the record document a diagnosis of dementia/neurocognitive disorder as evidenced by one of the following ICD-10-CM diagnosis codes:

A81.00, A81.01, A81.09, A81.2, A81.82, A81.89, A81.9, F01.50, F01.511, F01.518, F01.52 – F01.54, F01.A0, F01.A11, F01.A18, F01.A2 – F01.A4, F01.B0, F01.B11, F01.B18, F01.B2 – F01.B4, F01.C0, F01.C11, F01.C18, F01.C2 – F01.C4, F02.80, F02.811, F02.818, F02.82 – F02.84, F02.A0, F02.A11, F02.A18, F02.A2 – F02.A4, F02.B0, F02.B11, F02.B18, F02.B2 – F02.B4, F02.C0, F02.C11, F02.C18, F02.C2 – F02.C4, F03.90, F03.911, F03.918, F03.92 – F03.94, F03.A0, F03.A11, F03.A18, F03.A2 – F03.A4, F03.B0, F03.B11, F03.B18, F03.B2 – F03.B4, F03.C2 – F03.C4, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G23.1, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G90.3

- 1. Yes
- 2. No

PERMCI

During the past year, did a physician/APN/PA or psychologist document that the patient has probable permanent cognitive impairment using a Clinical Reminder? 1. Yes

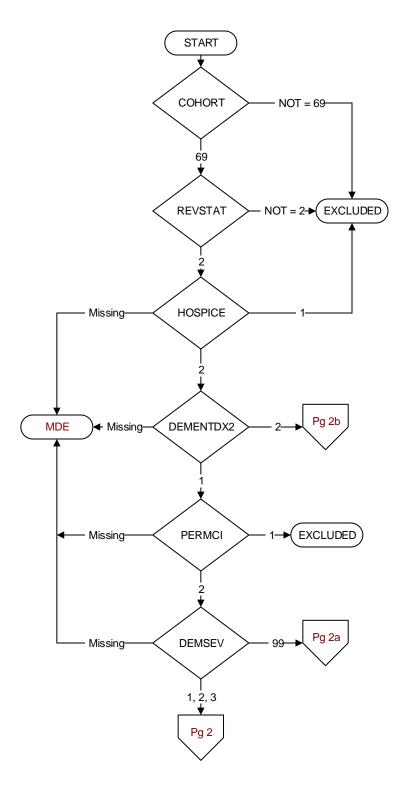
2. No

DEMSEV

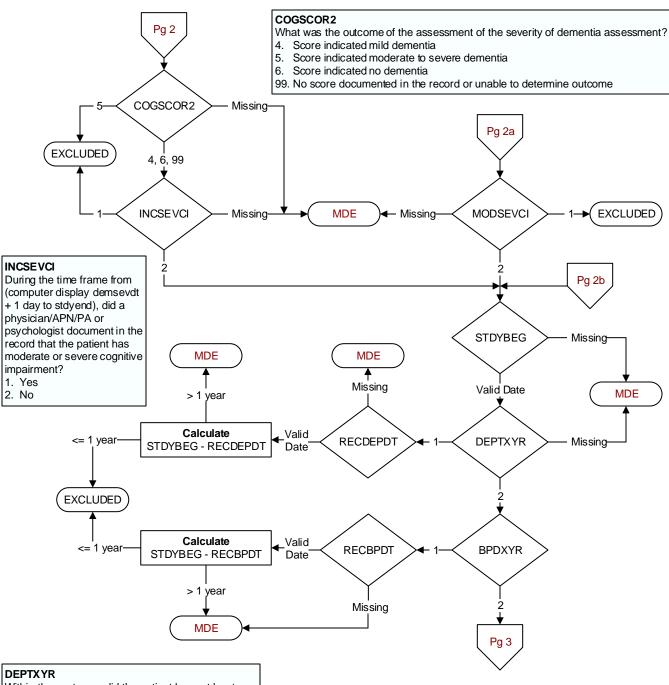
Was the severity of dementia assessed during the past year using one of the following standardized tools?

- 1. Clinical Dementia Rating Scale (CDR)
- 2. Functional Assessment Staging Tool (FAST)
- 3. Global Deterioration Scale (GDS)

99. Severity of dementia was not assessed during the past year using one of the specified tools



MDE = Missing or Invalid Data Exclusion (data error)



Within the past year, did the patient have at least one clinical encounter where depression was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:

F01.51, F32.0 - F32.5, F32.81, F32.89, F32.9, F32.A, F33.0 - F33.3, F33.40 - F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, 099.340 - O99.345

- 1. Yes
- 2. No

RECDEPDT

Enter the date within the past year of the <u>most recent</u> clinical encounter where depression was identified as a reason for the clinical encounter.

MODSEVCI

During the past year, did a physician/APN/PA or psychologist document in the record that the patient has moderate or severe cognitive impairment?

- 1. Yes
- 2. No

RECBPDT

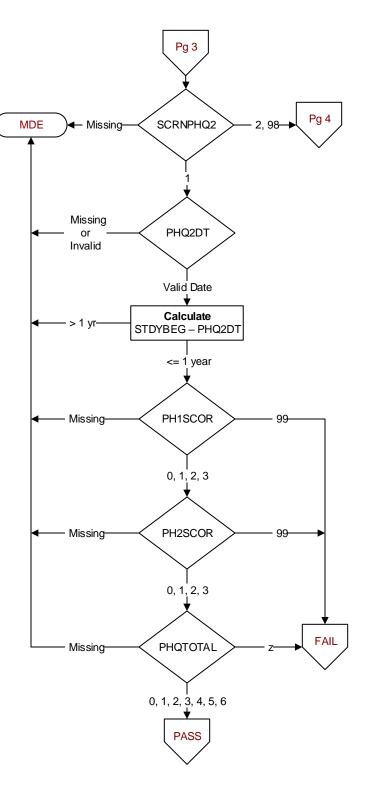
Enter the date within the past year of the <u>most recent</u> clinical encounter where bipolar disorder was identified as a reason for the clinical encounter.

BPDXYR

Within the past year, did the patient have at least one clinical encounter where bipolar disorder was identified as a reason for the clinical encounter as evidenced by one of the following ICD-10-CM diagnosis codes:

F25.0, F30.10 - F30.13, F30.2 - F30.4, F30.8, F30.9, F31.0, F31.10 - F31.13, F31.2, F31.30 - F31.32, F31.4, F31.5, F31.60 - F31.64, F31.70 - F31.78, F31.81, F31.89, F31.9

- 1. Yes
- 2. No



SCRPHQ2

During the past year was the patient screened for depression by the PHQ-2?

- 1. Yes
- 2. No

98. Patient refused depression screening by the PHQ-2

PHQ2DT

Enter the date of the <u>most recent</u> screening for depression by the PHQ-2.

PHQ1SCOR

Enter the score for PHQ-2 Question 1 documented in the record:

Over the past 2 weeks, have you been bothered by little interest or pleasure in doing things?

- 0. Not at all \rightarrow 0
- 1. Several days \rightarrow 1
- 2. More than half the days \rightarrow 2
- 3. Nearly every day \rightarrow 3
- 99. No answer documented

PHQ2SCOR

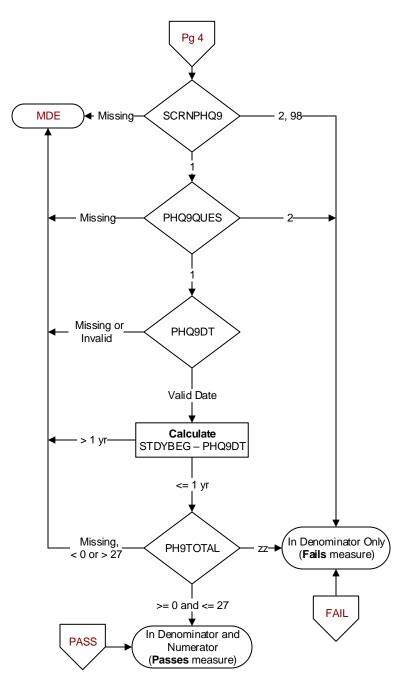
Enter the score for PHQ-2 Question 2 documented in the record:

Over the past 2 weeks, have you been bothered by feeling down, depressed, or hopeless?

- 0. Not at all \rightarrow 0
- Several days → 1
- 2. More than half the days \rightarrow 2
- Nearly every day → 3
- 99. No answer documented

PHQTOTAL

Enter the <u>total score</u> for the PHQ-2 questions documented in the medical record.



SCRNPHQ9

During the past year was the patient screened for depression by the **PHQ-9**?

1.Yes

2.No

98. Patient refused depression screening by the PHQ-9

PHQ9QUES

Did the record document the patient's responses to all 9 questions of the PHQ-9

1. Yes

2. No

PHQ9DT

Enter the date of the most recent screening for depression by the PHQ-9.

PH9TOTAL

Enter the total score of the PHQ-9 documented in the record.